3120 NORTH 21ST STREET

SUPERI OR 54880 Phone: (715) 392-2923	2	Ownershi p:	State
Operated from 1/1 To 12/31 Days of Operation	365	Highest Level License:	FDDs
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	26	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/01):	26	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	17	Average Daily Census:	23
***************	*******	*************	*************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	0. 0
Supp. Home Care-Personal Care	No				· J	1 - 4 Years	35. 3
Supp. Home Care-Household Services		Developmental Disabilities	100. 0	Under 65	88. 2	More Than 4 Years	64. 7
Day Services	No	Mental Illness (Org./Psy)	0. 0	65 - 74	5. 9		
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	5.9		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	0.0	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	0. 0	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0. 0	<u> </u>	[	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0	İ	100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	11. 8		
Transportation	No	Cerebrovascul ar	0. 0			RNs	6. 8
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	24. 7
Other Services	No	Respi ratory	0.0		· j	Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0. 0	Male	41. 2	Aides, & Orderlies	49. 4
Mentally Ill	Yes			Femal e	58. 8		
Provide Day Programming for			100. 0		j		
Devel opmental ly Di sabl ed	Yes	, ,	*****	,   	100.0		. 4 4 4 4 4 4 4 4 4

## Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther		I	ri vate Pay	<b>;</b>		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of s All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				17	100.0	135	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	17	100.0
Traumatic Brain Inj		0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		17	100. 0		0	0.0		0	0.0		0	0.0		0	0.0		17	100. 0

County: Douglas Facility ID: 1610 Page 2 COLONIAL HEALTH CARE SERVICES - FDD

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Admissions, Discharges, and Deaths During Reporting Period	ı	Fercenc Distribution	or Residents	Condi	Tons, Services	, and activities as of i	L/31/UI
beachs builting kepoliting relifou	ı				% Needi ng		Total
Percent Admissions from		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	0. 0	Daily Living (ADL)	Independent		Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 0	Bathi ng	17. 6	0110	41. 2	41. 2	17
Other Nursing Homes	50. 0	Dressing	29. 4		41. 2	29. 4	17
Acute Care Hospitals	0. 0	Transferri ng	70. 6		11. 8	17. 6	17
Psych. HospMR/DD Facilities	0.0	Toilet Use	41. 2		35. 3	23. 5	17
Reĥabilitation Hospitals	0.0	<b>Eating</b>	17. 6		76. 5	5. 9	17
Other Locations	<b>50.</b> 0	*******************	*********	*****	******	********	******
Total Number of Admissions	2	Conti nence		%	Special Treat	tments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	5. 9	Recei vi ng	Respi ratory Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	of Bl adder	<b>58.</b> 8	Recei vi ng '	Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	47. 1	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	11. 1				Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	0.0	Mobility				Tube Feedi ng	0. 0
Psych. HospMR/DD Facilities	22. 2	Physically Restrained		29. 4	Recei vi ng	Mechanically Altered Diet	ts 41.2
Rehabilitation Hospitals	0. 0						
Other Locations	<b>66</b> . 7	Skin Care				nt Characteristics	
Deaths	0. 0	With Pressure Sores		0. 0		ce Directives	100. 0
Total Number of Discharges		With Rashes		5. 9	Medi cati ons		
(Including Deaths)	9				Recei vi ng	Psychoactive Drugs	64. 7

	Thi s	F	FDD			
	Facility	Fac	cilities	Faci	ilties	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	88. 5	84. 6	1. 05	84. 6	1. 05	
Current Residents from In-County	100. 0	41. 3	2. 42	77. 0	1. 30	
Admissions from In-County, Still Residing	0. 0	17. 0	0.00	20. 8	0.00	
Admi ssi ons/Average Daily Census	8. 7	18. 6	0. 47	128. 9	0. 07	
Discharges/Average Daily Census	39. 1	22. 2	1. 77	130. 0	0.30	
Discharges To Private Residence/Average Daily Census	0. 0	9. 4	0.00	52. 8	0.00	
Residents Receiving Skilled Care	0.0	0. 0	0.00	<b>85</b> . 3	0.00	
Residents Aged 65 and Older	11. 8	15. 8	0. 74	87. 5	0. 13	
Title 19 (Medicaid) Funded Residents	100. 0	99. 3	1. 01	68. 7	1.46	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0.00	
Developmentally Disabled Residents	100. 0	99. 7	1. 00	7. 6	13. 19	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0.00	
General Medical Service Residents	0.0	0. 1	0.00	19. 4	0.00	
Impaired ADL (Mean)*	45. 9	50. 6	0. 91	49. 3	0. 93	
Psychological Problems	64. 7	46. 6	1. 39	51. 9	1. 25	
Nursing Care Required (Mean)*	5. 9	11. 0	0. 54	7. 3	0.80	